

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6184</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>EDDIE</u> <u>SACHETTI</u> P.O. Box, Bldg., Room No., if any _____ Street <u>5209 BLUEEVERGREEN AVE.</u> City <u>LAS VEGAS</u> State <u>Nevada</u> ZIP Code + 4 <u>89131</u>	4. Name, file number, and address of labor organization. Name <u>SOUTHWEST LABORERS DISTRICT COUNCIL</u> Labor Organization File Number <u>543-029</u> P.O. Box, Building and Room Number, if any _____ Street <u>6520 N. 7TH STREET</u> City <u>PHOENIX</u> State <u>Arizona</u> ZIP Code + 4 <u>85014</u>
5. Position in labor organization. <u>SEC/TREAS/BUS/MGR/LABORERS/S.W.D.C.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction, or Income. _____ 7. b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Edward Sachetti

On

8-9-05

Date

602-266-1434

Telephone Number

Name of Person Filing EDDIE SACHETTI	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name LABORERS HEALTH & SAFETY FUND</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 905 16TH NW</p> <p>City WASHINGTON</p> <p>State District of Columbia ZIP Code + 4 20006</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>11.a. Nature of such dealing.</p> <p>UNION OFFICER ATTENDED DINNER MEETING TO ADDRESS APPRENTICESHIP ISSUES AFFECTING UNION MEMBERS AND EMPLOYERS. LABORERS HAS ADVISES ON HEATH & TRAINING ISSUES AFFECTING MEMBERS AND EMPLOYERS.</p> <p>11.b. Approximate dollar value of such dealing. \$41</p> <p>12.a. Nature of interest held or income received.</p> <p>MR. SACHETTI IS A F/T EMPLOYEE OF THE LABORERS S.W. D.C. ACCORDINGLY, HIS WAGES ARE EXEMPT UNDER LMRA SECTION 302(C) FROM REPORTING. MR. SACHETTI HAS NO OWNERSHIP INTEREST IN THE S.W.D.C. MR. SACHETTI'S WAGES ARE REPORTED ON IRS FORM W-2.</p> <p>12.b. Amount. \$41</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p> </p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p> </p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LABORERS HEALTH & SAFETY FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16TH NW

City WASHINGTON

State District of Columbia ZIP Code + 4 20006

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

UNION OFFICER ATTENDED DINNER MEETING TO ADDRESS H&W ISSUES AFFECTING UNION MEMBERS AND EMPLOYER. LABORERS H&S ADVISES ON HEALTH & TRAINING ISSUES AFFECTING MEMBERS AND EMPLOYERS.

11.b. Approximate dollar value of such dealing.

\$41

12.a. Nature of interest held or income received.

MR. SACHETTI IS A F/T EMPLOYEE OF THE LABORERS S.W. D.C. ACCORDINGLY, HIS WAGES ARE EXEMPT UNDER LMRA SECTION 302(C) FROM REPORTING. MR. SACHETTI HAS NO OWNERSHIP INTEREST IN THE S.W.D.C. MR. SACHETTI'S WAGES ARE REPORTED ON IRS FORM W-2.

12.b. Amount.

\$41

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LABORERS HEALTH & SAFETY FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16TH NW

City WASHINGTON

State District of Columbia ZIP Code + 4 20006

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

UNION OFFICER ATTENDED DINNER MEETING TO ADDRESS H&W ISSUES AFFECTING UNION MEMBERS AND EMPLOYERS. LABORERS H&S ADVISES ON HEATH ISSUES AFFECTING MEMBERS, EMPLOYERS AND ERISA H&W FUNDS.

11.b. Approximate dollar value of such dealing. \$67

12.a. Nature of interest held or income received.

MR. SACHETTI IS A F/T EMPLOYEE OF THE LABORERS S.W. D.C. ACCORDINGLY, HIS WAGES ARE EXEMPT UNDER LMRA SECTION 302(C) FROM REPORTING. MR. SACHETTI HAS NO OWNERSHIP INTEREST IN THE S.W.D.C. MR. SACHETTI'S WAGES ARE REPORTED ON IRS FORM W-2.

12.b. Amount. \$67

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LABORERS HEALTH & SAFETY FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16TH NW

City WASHINGTON

State District of Columbia ZIP Code + 4 20006

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

LABORERS H&S & BUS. MGR. REPRESENTING UNION MEMBERS IN NEGOTIATIONS WITH MERGER OF SOUTH TEXAS AND NORTH TEXAS LABORERS H&W FUNDS. DINNER MEETING TO DISCUSS MERGER.

11.b. Approximate dollar value of such dealing.

\$43

12.a. Nature of interest held or income received.

MR. SACHETTI IS A F/T EMPLOYEE OF THE LABORERS S.W. D.C. ACCORDINGLY, HIS WAGES ARE EXEMPT UNDER LMRA SECTION 302(C) FROM REPORTING. MR. SACHETTI HAS NO OWNERSHIP INTEREST IN THE S.W.D.C. MR. SACHETTI'S WAGES ARE REPORTED ON IRS FORM W-2.

12.b. Amount.

\$43

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **LABORERS HEALTH & SAFETY FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street **905 16TH NW**

City **WASHINGTON**

State **District of Columbia** ZIP Code + 4 **20006**

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

11.a. Nature of such dealing.

LABORERS H&S & BUS/MGR IN DISCUSSIONS REGARDING TRAINING/APPRENTICESHIP/ETC. ISSUES AFFECTING S.W. DISTRICT CONFERENCE. DINNER MEETING WITH OTHER INTERESTED PARTIES.

11.b. Approximate dollar value of such dealing.

\$45

12.a. Nature of interest held or income received.

MR. SACHETTI IS A P/T EMPLOYEE OF THE LABORERS S.W. D.C. ACCORDINGLY, HIS WAGES ARE EXEMPT UNDER LMRA SECTION 302(C) FROM REPORTING. MR. SACHETTI HAS NO OWNERSHIP INTEREST IN THE S.W.D.C. MR. SACHETTI'S WAGES ARE REPORTED ON IRS FORM W-2.

12.b. Amount.

\$45

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LABORERS HEALTH & SAFETY FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16TH NW

City WASHINGTON

State District of Columbia ZIP Code + 4 20006

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

LABORERS H&S & MR. SACHETTI ATTENDED DINNER MEETING TO DISCUSS HEALTH BENEFIT MODIFICATIONS FOR UNION MEMBERS.

11.b. Approximate dollar value of such dealing.

\$41

12.a. Nature of interest held or income received.

MR. SACHETTI IS A P/T EMPLOYEE OF THE LABORERS S.W. D.C. ACCORDINGLY, HIS WAGES ARE EXEMPT UNDER LMRA SECTION 302(C) FROM REPORTING. MR. SACHETTI HAS NO OWNERSHIP INTEREST IN THE S.W.D.C. MR. SACHETTI'S WAGES ARE REPORTED ON IRS FORM W-2.

12.b. Amount.

\$41

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LABORERS HEALTH & SAFETY FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16TH NW

City WASHINGTON

State District of Columbia ZIP Code + 4 20006

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

LABORERS H&S & MR. SACHETTI ATTENDED DINNER MEETING TO DISCUSS HEALTH ISSUES FOR UNION MEMBERS AND UNION CONTRACTORS COVERING 14 STATE REGION.

11.b. Approximate dollar value of such dealing.

\$38

12.a. Nature of interest held or income received.

MR. SACHETTI IS A P/T EMPLOYEE OF THE LABORERS S.W. D.C. ACCORDINGLY, HIS WAGES ARE EXEMPT UNDER LMRA SECTION 302(C) FROM REPORTING. MR. SACHETTI HAS NO OWNERSHIP INTEREST IN THE S.W.D.C. MR. SACHETTI'S WAGES ARE REPORTED ON IRS FORM W-2.

12.b. Amount.

\$38

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NATIONAL LECET

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16TH NW

City WASHINGTON

State District of Columbia ZIP Code + 4 20006

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

MR. SACHETTI AS FULL TIME EMPLOYEE OF THIS LABOR ORG. WAS REIMBURSED FOR BUSINESS TRAVEL, MEALS, LODGING. HE WAS ALSO RECEIPT OF RECEPTIONS, BANQUETS AND OTHER MEALS IN THE COURSE OF BUSINESS MEETINGS.

11.b. Approximate dollar value of such dealing.

\$28,502

12.a. Nature of interest held or income received.

AS A FULL TIME EMPLOYEE OF LECET MR. SACHETTI'S WAGES ARE EXEMPT UNDER LMRA SECTION 302(C) FROM REPORTING. MR. SACHETTI HAS NO OWNERSHIP INTEREST IN LECET & MR. SACHETTI'S WAGES ARE REPORTED ON IRS FORM W-2. REIMB. EXPENSES LISTED BELOW.

12.b. Amount.

\$28,502

Name of Person Filing EDDIE SACHETTI	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name OVSS - LECET</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 25 CENTURY BLVD., SUITE 305</p> <p>City NASHVILLE</p> <p>State Tennessee ZIP Code + 4 37214</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name OVSS - LECET</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 25 CENTURY BLVD., SUITE 305</p> <p>City NASHVILLE</p> <p>State Tennessee ZIP Code + 4 37214</p>	<p>11.a. Nature of such dealing.</p> <p>OVSS-LECET SPONSORED DINNER MEETINGS WITH EMPLOYERS AND BUSINESS MANAGERS TO DISCUSS UNION JOBS, UNION EMPLOYERS JOBS, HEALTH AND TRAINING BENEFITS.</p> <p>11.b. Approximate dollar value of such dealing. \$378</p> <p>12.a. Nature of interest held or income received.</p> <p>MR. SACHETTI IS A F/T EMPLOYEE OF THE LABORERS S.W. D.C. HIS WAGES ARE EXEMPT UNDER LMRA SECTION 302(C) FROM REPORTING. HE HAS NO OWNERSHIP INTEREST IN THE S.W.D.C. HIS WAGES ARE REPORTED ON IRS FORM W-2. VALUE OF DINNER MEETINGS SHOWN BELOW.</p> <p>12.b. Amount. \$378</p>